

WISCONSIN-DHFS

DMT-CARS 625

FROM: DEPT. OF HEALTH & FAMILY SERVICES  
DIVISION OF MANAGEMENT AND TECHNOLOGY  
1 W. WILSON ST., P.O. BOX 7850  
MADISON WI 53707

TO: 10000000-70  
AGENCY DIRECTOR,  
TRIBES

P.O. BOX 111  
MADISON WI 53707-0111

## ATTACHMENT 1

FOR MONTH OF: APRIL 1998  
VOUCHER NUMBER 82080

NET PAYMENT \$11,999.00

THIS IS NOTICE OF PAYMENT AMOUNT PURSUANT TO CONTRACTS YOUR AGENCY HAS WITH THE DEPARTMENT OF HEALTH AND FAMILY SERVICES. THE PAYMENT IS FOR FEDERAL AND STATE AID COST.

PAYMENT WILL BE SENT TO THE APPROPRIATE FISCAL OFFICER (E.G., COUNTY TREASURER, ETC.) FOR ANY NET PAYMENT GREATER THAN ZERO. IF THE NET AMOUNT SHOWN ABOVE IS ZERO, NO PAYMENT WILL BE MADE.

THE ATTACHED DMT-603 REPORT IS THE DETAIL FOR THE ABOVE NET PAYMENT.

\*CHANGES—EFFECTIVE WITH YOUR JULY 1, 1997 PAYMENT (APRIL EXPENSES/JULY ADVANCES), IF YOU HAVE “NO ACTIVITY” ON YOUR AGENCY NUMBER, AGENCY TYPE FOR FOUR CONSECUTIVE MONTHS, YOU WILL NOT RECEIVE A “DMT CARS 603 REPORT” UNLESS ACTIVITY OCCURS AGAIN.